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TO THE EDITOR, *Genitourinary Medicine*

Survey of medical undergraduate teaching in genitourinary medicine in Britain

Sir,
In 1979 a survey of undergraduate teaching was undertaken by the British Co-operative Clinical Group (BCCG) and the Academic Department of Genitourinary Medicine of the Middlesex Hospital Medical School. The results of the survey were presented at the Medical Society for the Study of Venereal Diseases, the 30th General Assembly of the International Union Against Venereal Diseases and Treponematoses, and published in the *British Journal of Venereal Diseases*.¹ In addition, a leading article based on the survey appeared in the *British Medical Journal*² and I wrote to all the Deans of Medical Schools drawing their attention to the survey and underlining the importance of more teaching in the subject at an undergraduate level. At its meeting in

1984, the BCCG decided to see whether the total number of teaching hours had altered during the ensuing five years.

A simple postal questionnaire was sent to all centres that had participated in the 1979 survey. Consultants were reminded of their response to the question about total teaching time in hours (lectures and clinical attachment) in 1979 and asked to give the total for 1984. The 1979 survey covered many other areas of organisation, course content, and assessment. The 1984 update was limited solely to teaching hours.

Twenty six of the 30 British medical schools took part in the survey in 1979. Two London schools and two in England outside the capital refused to take part. Only the original 26 were reapproached in 1984, and all responded. The table shows the mean number of hours devoted to lectures and clinical attachments and the total for 1979 compared to 1984. The mean hours for lectures, clinical attachments, and total teaching hours in Britain rose by 0.7, 0.7, and 1.4 hours, respectively. Fifteen schools had experienced an increase in total teaching hours (range 1-8.5 hours), seven showed no change in total hours, and four experienced a decrease (range 1-12 hours).

The mean increase of 1.4 hours between 1979 and 1984 in total teaching time in the 26 schools is small, as is the total time devoted to the subject. This is disappointing in view of the increasing number of diseases spread by the sexual route and the workload in departments of genitourinary medicine. We must persuade Deans of medical schools, the General Medical Council, and curriculum committees of the necessity of teaching in the speciality and to lend support to our

TABLE *Difference in mean teaching hours in genitourinary medicine between 1979 and 1984*

Type of teaching	1979	1984	Difference
Lectures (n=26)	6.0	6.7	0.7
Clinical attachment (n=23)*	9.0	9.7	0.7
Total**	15.0	16.4	1.4

* Three schools not able to provide this type of teaching.

** Does not include other types of teaching, such as small group tutorials.

colleagues who are attempting to glean some teaching after the other subjects have harvested the major crop of teaching hours. We must not allow ourselves to be regarded as the chaff of the teaching harvest.

Yours faithfully,

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